

Application for social priority

- To be able to apply for social priority, you need to have a rental agreement for an apartment with us.
- During the time you have lived with us, medical, social or financial reasons must have arisen that require and can be improved by a changed accommodation. Your new living situation must have arisen after you moved to your current apartment.
- Attach documents that support your need for how a certain type of apartment can improve your situation, such as certificate from a doctor or psychologist.
- Any need for a parking space for people with reduced mobility must be stated in the application and substantiated with supporting documents.
- You must meet the requirements of our rental policy and current requirements for social priority.
- If you get a new rental agreement, collected points will be reset to zero.
- Read the full terms and conditions at kalmarhem.se.

YOUR APPLICATION

- E-mail your application to kundservice@kalmarhem.se or send it to Kalmarhem AB, Box 305, 391 23 Kalmar.

TO THINK OF

- We make an assessment based on your application, so it is important that you attach all the necessary information.
- Before an offer is made, an inspection of your current apartment must be carried out and approved.
- We offer one apartment per application and the offer may mean quick access and double rents.
- The apartment that is offered will have a similar standard and size as your current one.
- **If you accept**, you need to cancel your current agreement yourself, remember that you have 3 months' notice. In the event of a new rental agreement, collected points will be reset.
- **If you decline** or choose not to respond to the offer within the stated response time, the right to social priority expires.



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APPLICANT

Address			Object number (e.g. 170-2103)		
Tenant, first name and last name			Personal identity number		
E-mail			Phone number (mobile)		
Size requirements	☐ 1 room and kitchen	☐ 4 rooms and kitchen	Maximum rent (excl. electricity and hot water)	Number of people in the household	Desired move-in date
	☐ 2 rooms and kitchen	☐ 5 rooms and kitchen			
	☐ 3 rooms and kitchen				

DESCRIBE YOUR NEED FOR SOCIAL PRIORITY

THE FOLLOWING IS ATTACHED

☐ Medical certificate ☐ Other certificates proving my need for priority to an apartment

SIGNATURE

By my signature, I confirm that the information provided above is correct.

Tenant	Date
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